STREAM OF MASSAGE	Disenrollment Asses	ssment	►ESM Client ID:	
TOP PLUE TO	Standard		Provider ID:	
All Questions marked with a ▶ must be	completed	E	Boxes marked with ★ = I	Refer to key at end of form
Disenrollment Date: / mm dd	l yyyy			
<b>Disenrollment Reason:</b> Select one				
☐ Assessment ☐ I	Relapsed	Transferred to another	SA Program	☐ Inappropriate
☐ Completed ☐	Administrative/non-compliant	Hospitalized, Medical		Moved
☐ Drop Out ☐	Incarcerated	Hospitalized, Mental He	ealth	Deceased
First Name:	Middle Initial Last N	Name:		Suffix
1. Client Code:		<b>▶</b> 2.	Intake/Clinician Initials	:
▶ 3. Client Type ☐ Primary	Collateral	·		
► 4. Discharge Plan 1 Yes	2 No	▶ 5a.	Referred to Self Help	1□Yes 2□No
	elf-help programs in the last 30 days or s		•	<u> </u>
6. Client referrals at Disenrollmer  Referral #1	nt (referral #1 is required, referra ★ Referral #2	<b>.</b>	erral #3	ual for what determines a referral. ★
7. Employment status at Disenro  If Unknown, use 99  9. Number of arrests in the last 3		ollment if in treatment	the past 30 days or sir less than thirty 30 days	
Collateral Stops Here	o dayo or omoc Emonment ii iii doddiich	it icoo tilali oo aayo.		an ommown, doe oo
► 10. Indicate the Social or Health S	Service provided to clients during treatme	ent – While in your Pro	ogram. (enter a code 0,1,2	or 3 for each category)
0 = Not Pro	, , ,	2 = Provided by Another		by Both Your Agency and Another Agency
Legal Aid Services (e.g. Assistance with Court Issues)	Medication for Emotional Problems (i.e. Psychotropic Medication )		Literacy Services	Medication for Withdrawal Not comfort meds (e.g. Tylenol)
Drug Screening (e.g. urine testing)	Housing Perm/trans Housing not Tx	Englis	h as a 2 <sup>nd</sup> Language	TB Testing Not screening or assessment (e.g. a mantoux test is TB testing)
Treatment for Medical Problems	GED		b Placement/Referral ame writing instruction)	TB Treatment Medication
Treatment for Emotional Problems Mental Health not Addiction Issues	Vocational Training (e.g. Nurses' aid certification)		Financial Counseling Balance a checkbook)	STD/STI, HIV, Hep C Testing Not screening or assessment
Nicotine Replacement Therapy (e.g. Patch, Gum)	Family Planning (e.g. Birth Control Education)		Prenatal Care	STD/STI, HIV, Hep C Treatment Medication
Medication for Medical Problems	Child Care	Immediate	Post-partum Care ely after birth to 1 year	Parenting Classes

Medication-Assisted Treatment such as methadone, buprenorphine (e.g. Suboxone), injectable naltrexone (e.g. Vivitrol)

## **Bureau of Substance Abuse Services**

Massachusetts Department of Public Health

<b>&gt;</b>	11. Currently receiving service	s from a s	tate agency:	Check all that	арріу.		
	None	□ мрв	Parole	DDS:	Dept Developmental Srvs	DMA: MassHealth	MCDHH: Comm Deaf & Hard of Hearing
	<b>DCF</b> : Dept Children and Families	ОСР	Probation	☐ DPH:	e.g. HIV, WIC not substance abuse	MRC: Mass Rehab Commission	Other
	DYS: Dept Youth Services	☐ DMH	: Dept Mental HIt	h DTA:	food stamps, TANF	MCB: Comm for the Blind	
	12. Living arrangement at Dis	enrollmen	t: (Check one)				
	House or apartment		Institution		Shelter/mission	Foster Care	Unknown
	Room/boarding or sober house		Group home/1	reatment	On the streets	Refused	
<b>&gt;</b>	H1. Was the client homeless	at Intake/E	Enrollment (whe	ther <u>or not</u> ch	ronic) Yes	No	
If th	ne answer to Q H1 is 'Yes', Questio	n H2 and F	13 are required.	If the answer	to H1 is 'No', skip to Ques	stion 13	
	H2. <u>Detailed</u> living arrangeme	ent at Dise	nrollment		<b>*</b>		
	H3. Permanence Of living situ	ation at D	isenrollment*	Perr	manent	nsitional Refused	Unknown
<b>&gt;</b>	13. Has there been any drug o			•		nent less than 30 days? wer to Q 13 is 'No', skip to Q 17	☐ Yes ☐ No
		substance	es by entering the	e corresponding	g letter on the next page –	ENT primary, secondary, and teri- letters A-U. (Neither nicotine/toba ve those questions blank.)	
	Also, please report <u>Frequency of Use</u> in the last 30 days or since <u>Enrollment if in treatment less than 30 days</u> , and <u>Route of Administration</u> for each substance reported. For these fields, enter corresponding code from list on next page.						
	14a. Primary Substance		14b. Frequer	ncy of Use		14c. Route of Administration	
	15. Did the client use a Secon	dary Drug	during the last	30 days/since	Enrollment?	□No	
	15a. Secondary Substance		15b. Frequer	ncy of Use		15c. Route of Administration	
	16. Did the client use a Tertiar	y Drug du	ring the last 30	days/since En	rollment?	□No	
	16a. Tertiary Substance		16b. Frequer	ncy of Use		16c. Route of Administration	
▶ 17a. Did the client use Nicotine/Tobacco since Enrollment  If you answered Yes to Q 17a., answer 17b, 17c, and 17d.  Yes No Refused Unknown							
17b. Number of cigarettes currently smoked per day? (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes):  If client uses another type of nicotine/tobacco product, mark Zero (0) and go to Q 17c.							
	17c. Interest in stopping nicoti	ne/tobacc	use at Disenro	ollment:			
	1 No			3☐Yes, Within	30 days	88 Refused	
	2☐Yes, Within 6 Months			4□Does Not A	pply (already stopped)	99 Unknown	
	17d. While in this program, did	the client	attempt to stor	using nicotin	e/tobacco? 01	Yes 02 No 88 Re	fused 99 Unknown

## **Bureau of Substance Abuse Services**

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				<b>≭</b> Q 5b	Frequen	cy of Att	endance at Self	-Help Pro	grams			
ode						,			Code			
01	No attendance in the past month							05	16-30 times in past month (4 or more times per wk			
02	1-3 times in past month (less than once per week)								06	Some attendance, but frequency unknown		
03	4-7 times in past month (about once per week)								99	Unknown		
04	8-15 times in past month (2 or 3 times per week)											
				,	<b>≭</b> Q 6. Re	ferral at	Disenrollment					
ode				Code					Cod	le		
	Change Referral Not Needed - As	ssessment Indica	ates									
00	that Client Does Not Require Ente			20	Change Health Care Professional, Hospit			I, Hospital		67 Discontinued		
	New Referral Not Needed - Appro	priate Mental H	ealth									
95	Clinical Services Already in Place			21	Emerge	ency Rooi	m		68	Office of the Commissioner of Probation		
	Change Referral Not Needed – Ap	opropriate Subst	ance									
96	Abuse Clinical Services Already i			22		OS Progra						
97	Referral Not made – Client Dropp			23			e Program		69			
98	Referral Attempted – Not Wanted						scontinued		70			
01	Self, Family, Non-medical Profess	ional		26			Ith Care Profess	ional	71			
02	BMC Central Intake/Room 5						iscontinued		72			
03	ATS/Detox			30			el, School Syster	n/College	73			
04	Transitional Support Services/TSS			31	New Re	ecovery H	ligh School		74			
05	Clinical Stabilization Services/CSS	S-CMID			32-39 E	Discontinu	ıed		75			
06	Residential Treatment			40			oyee Counselor		76			
07	Outpatient SA Counseling					41 through 49 Discontinued			77			
80	Opioid Treatment			50	Shelter				78			
09	Drunk Driving Program			51	Community or Religious Organizatio			ation	79			
10	Acupuncture					through 58 Discontinued		80	3 · · ·			
11	Gambling Program			59		Drug Court			81	1 Division of Medical Assistance/MassHealth		
	12 & 13 Discontinued					Discontin						
14	Sober House			64	Prerele	ase, Lega	al Aid, Police			9 Unknown		
	15 Discontinued				65-66 Discontinued							
16	New Recovery Support Center											
17	Second Offender Aftercare											
18	Family Intervention Programs											
19	Other Substance Abuse Treatmer	nt										
				<b>≭</b> Q.7	Employn	nent Stat	us at Disenrollr	nent				
Code		Code			Cod			Cod	de			
1	Working Full Time	6	Not in L	Labor Ford	bor Force - Retired 1			Volunteer				
2	Working Part time	7	Not in L	Labor Ford	ce - Disabl	led 12		2	Other			
3	Unemployed - Looking	8			ce - Home			13		Maternity/Family Leave		
4	Unemployed-Not Looking	9		Labor Ford								
5	Not in Labor Force-Student	10			ce- Incarce	erated		99		Unknown		
		. 5					ngomort of Di-		-			
1	Emergency Chelter			<b>→</b> ⊓2. D	etalied LIV		ngement at Dis		mont			
2	Emergency Shelter Transitional Housing for Homology					10 Rental room/house/apartment						
	Transitional Housing for Homeless					11 Apartment or House that you own.						
<u>3</u>	Permanent housing for formerly homeless						12 Living With Family					
					13 Living With Friends			ar vouchor				
5	Substance abuse/detox center				14 Hotel/Motel: no emergency shelter voucher 15 Foster care/group home			er voucher				
6	Hospital					15			tation			
7	Jail; Prison or Juvenile Facility					16	Place not mea	int for nabi	เสแดก			
8	Don't know					17	Other					
9	Refused											

			<b>≭</b> Qi
	★ Primary/Seconda	ry/Tertiary	y Substance Codes
Α	Alcohol	K	Other Amphetamines
В	Cocaine	L	Other Stimulants
С	Crack	М	Benzodiazepines
D	Marijuana / Hashish	N	Other Tranquilizers
Е	Heroin	0	Barbiturates
F	Prescribed Opiates	Р	Other Sedatives / Hypnotics
G	Non-prescribed Opiates	Q	Inhalants
Н	PCP	R	Over the Counter
	Other Hallucinogens	S	Club Drugs
J	Methamphetamine	U	Other
	-		

uestions 1	14a – 16c	
		★ Frequency of Use
	1	No use during last 30 days or since enrollment
	2	1-3 times during last 30 days or since enrollment
	3	1-2 times per week during last 30 days or since enrollment
	4	3-6 times per week during last 30 days or since enrollment
	5	Daily use during the last 30 days or since enrollment
	99	Unknown
	estions 1	1 2 3 4 5 99

	<b>★</b> Route of Administration
1	Oral (swallow and/or chewing)
2	Smoking
3	Inhalation
4	Injection
5	Other